

**AMENDED SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash on hand</b>	J	<b>20.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	<b>Checking account through Kemba Financial Credit Union</b>	J	<b>10.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X	<b>Savings account through Kemba Financial Credit Union</b>	J	<b>10.00</b>
4. Household goods and furnishings, include audio, video, and computer equipment.	X	<b>Household goods</b>	J	<b>700.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X	<b>Wearing apparel</b>	J	<b>100.00</b>
7. Furs and jewelry.	X	<b>Misc. jewelry</b>	J	<b>200.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X	<b>SERS through prior employer</b>	H	<b>4,611.28</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

**AMENDED SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	
			HUSBAND, WIFE, JOINT, OR COMMUNITY	
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 Mercury Marquis -- acquired on 09/07/2010 -- approx. 200,000 miles - intent is to surrender	H	1,500.00
		2004 Chrysler Town And Country -- acquired on 10/24/2014	H	5,595.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		One (1) dog	J	25.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			

**AMENDED SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X			
				<b>TOTAL</b> <b>12,771.28</b>

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

## AMENDED SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)

11 U.S.C. § 522(b)(2)  
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. \*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b>SCHEDULE B - PERSONAL PROPERTY</b>			
Cash on hand	R.C. § 2329.66(A)(3)	20.00	20.00
Checking account through Kemba Financial Credit Union	R.C. § 2329.66(A)(3)	10.00	10.00
Savings account through Kemba Financial Credit Union	R.C. § 2329.66(A)(3)	10.00	10.00
Household goods	R.C. § 2329.66(A)(4)(a)	700.00	700.00
Misc. jewelry	R.C. § 2329.66(A)(4)(b)	200.00	200.00
SERS through prior employer	R.C. § 2329.66(A)(10)(a)	4,611.28	4,611.28
2004 Chrysler Town And Country -- acquired on 10/24/2014	R.C. § 2329.66(A)(2)	3,675.00	5,595.00
One (1) dog	R.C. § 2329.66(A)(18)	25.00	25.00

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>AEP Ohio PO Box 24418 Canton, OH 44701-4418</b>	J	<b>utilities bill</b>				<b>3,500.00</b>
ACCOUNT NO. <b>AEP Ohio P.O. Box 24401 Canton, OH 44701-4401</b>		<b>Assignee or other notification for: AEP Ohio</b>				
ACCOUNT NO. <b>AEP Ohio P.O. Box 24404 Canton, OH 44701</b>		<b>Assignee or other notification for: AEP Ohio</b>				
ACCOUNT NO. <b>Avon Products Inc. PO Box 105541 Atlanta, GA 30348</b>	J	<b>misc. debt</b>				<b>123.00</b>
<b>12</b> continuation sheets attached			Subtotal (Total of this page)	\$	<b>3,623.00</b>	
			Total	\$		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$		

**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>LTD Financial Services Rep For Avon 7322 Southwest Freeway, Ste 1600 Houston, TX 77074</b>		<b>Assignee or other notification for: Avon Products Inc.</b>			
ACCOUNT NO.	J				
<b>Bexley Public Library 2411 E. Main Street Columbus, OH 43209</b>	J				<b>0.00</b>
ACCOUNT NO.					
<b>Unique National Collection Rep For Bexley Public Library 119 E Maple St Jeffersonville, IN 47130</b>		<b>Assignee or other notification for: Bexley Public Library</b>			
ACCOUNT NO.	J	<b>notice of bk filing</b>			
<b>Capital One Services Inc. 140 E Shore Dr 12017-0380 Glen Allen, VA 23059</b>	J				<b>unknown</b>
ACCOUNT NO.					
<b>Weltman Weinberg &amp; Reis Rep For Capital One Services 323 Lakeside Avenue, West Cleveland, OH 44113</b>		<b>Assignee or other notification for: Capital One Services Inc.</b>			
ACCOUNT NO.					
<b>Weltman Weinberg &amp; Reis Rep For Capital One Services 175 South 3rd Street, Suite 900 Columbus, OH 43215-5166</b>		<b>Assignee or other notification for: Capital One Services Inc.</b>			
ACCOUNT NO.					
<b>Weltman Weinberg &amp; Reis Rep For Capital One Services 3705 Marlane Drive Grove City, OH 43123</b>		<b>Assignee or other notification for: Capital One Services Inc.</b>			
Sheet no. <u>1</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>Capital One Services, LLC PO Box 30285 Salt Lake City, UT 84130-0285</b>		<b>Assignee or other notification for: Capital One Services Inc.</b>			
ACCOUNT NO. <b>Cashland Financial Services Inc. 17 Triangle Park Drive Cincinnati, OH 45246</b>	J	<b>Judgment -- Franklin County Municipal Court -- Case No. 2009 CVF 022318</b>			<b>825.00</b>
ACCOUNT NO. <b>Andrea Otto Rep For Cashland Fiancial Services 17 Triangle Park Drive Cincinnati, OH 45246</b>		<b>Assignee or other notification for: Cashland Financial Services Inc.</b>			
ACCOUNT NO. <b>Child Care Consultants 29 N. Duke Street York, PA 17401</b>	J	<b>medical bill</b>			<b>130.00</b>
ACCOUNT NO. <b>Choice Recovery Inc. Rep For Child Care Consultants PO Box 20790 Columbus, OH 43220</b>		<b>Assignee or other notification for: Child Care Consultants</b>			
ACCOUNT NO. <b>Choice Recovery Inc. Rep For Child Care Consultants 1550 Old Henderson Road Columbus, OH 43220</b>		<b>Assignee or other notification for: Child Care Consultants</b>			
ACCOUNT NO. <b>Citibank PO Box 9438 Gaithersburg, MD 20898-9438</b>	J	<b>student loan obligation</b>  <b>Judgment -- Franklin County Municipal Court -- Case No. 2010 CVF 048765</b>			<b>10,000.00</b>
Sheet no. <u>2</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>10,955.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Citibank 701 E 60th St North Sioux Falls, SD 57104</b>		<b>Assignee or other notification for: Citibank</b>			
ACCOUNT NO. <b>Javitch, Block &amp; Rathbone Rep For Citibank 140 E Town St, Ste 1250 Columbus, OH 43215</b>		<b>Assignee or other notification for: Citibank</b>			
ACCOUNT NO. <b>Columbia Gas P.O. Box 16581 Columbus, OH 43216-6581</b>	J	<b>utilities bill</b>			<b>1,000.00</b>
ACCOUNT NO. <b>Columbia Gas PO Box 742510 Cincinnati, OH 45274-2510</b>		<b>Assignee or other notification for: Columbia Gas</b>			
ACCOUNT NO. <b>Columbia Gas PO Box 2318 Columbus, OH 43216</b>		<b>Assignee or other notification for: Columbia Gas</b>			
ACCOUNT NO. <b>Columbia Gas Of Ohio Revenue Recovery 200 Civic Center Drive 8th Floor Columbus, OH 43215</b>		<b>Assignee or other notification for: Columbia Gas</b>			
ACCOUNT NO. <b>Columbus Metropolitan Library 96 South Grant Ave. Columbus, OH 43215</b>	J	<b>notice to bk filing</b>			<b>unknown</b>
Sheet no. <u>3</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,000.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.					
<b>Unique National Collection Rep For Columbus Metropolitan Library 119 E Maple St Jeffersonville, IN 47130</b>		<b>Assignee or other notification for: Columbus Metropolitan Library</b>			
ACCOUNT NO.	J	<b>misc. debt</b>			
<b>Corporate America Family Credit Union 2075 Timber Rd Elgin, IL 60123</b>					<b>8,061.00</b>
ACCOUNT NO.					
<b>NCO Financial Systems Rep For Corporate America Family POB 15372 Wilmington, DE 19820</b>		<b>Assignee or other notification for: Corporate America Family Credit Union</b>			
ACCOUNT NO.	J	<b>misc. debt.</b>			
<b>Credit Protection PO Box 802068 Dallas, TX 75380</b>					<b>355.00</b>
ACCOUNT NO.	J	<b>misc. debt</b>			
<b>Dish Network P.O. Box 105169 Atlanta, GA 30348-5169</b>					<b>603.00</b>
ACCOUNT NO.					
<b>Dish Network 9601 S. Meridian Blvd Englewood, CO 80112</b>		<b>Assignee or other notification for: Dish Network</b>			
ACCOUNT NO.	J	<b>misc. debt</b>			
<b>FFCC PO Box 3521 Columbus, OH 43229-7517</b>					<b>301.00</b>
Sheet no. <u>4</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>9,320.00</b>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Home Shopping Network</b> 1 HSN Drive St. Petersburg, FL 33729	J	<b>misc. debt</b>			273.00
ACCOUNT NO. <b>CPS Secuity</b> Rep For HSN PO Box 782408 San Antonio, TX 78278		Assignee or other notification for: <b>Home Shopping Network</b>			
ACCOUNT NO. <b>Huntington Bank</b> Special Collections Dept P.O. Box 1558 Columbus, OH 43216	J	<b>misc. debt</b>			350.00
ACCOUNT NO. <b>Huntington National Bank</b> 2361 Morse Road Columbus, OH 43229		Assignee or other notification for: <b>Huntington Bank</b>			
ACCOUNT NO. <b>Tate &amp; Kirlin Associates</b> Rep. For Huntington Bank 2810 Southampton Road Philadelphia, PA 19154-1207		Assignee or other notification for: <b>Huntington Bank</b>			
ACCOUNT NO. <b>Medicredit</b> 3620 I-70 Drive SE STE C Columbia, MO 65201	J	<b>misc. debt.</b>			134.00
ACCOUNT NO. <b>Mount Carmel Health</b> 6150 E. Broad Street Columbus, OH 43213-1574	J	<b>medical bill</b>			40.00
Sheet no. <u>5</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>797.00</b>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Mount Carmel 6001 East Broad Street Columbus, OH 43213</b>		<b>Assignee or other notification for: Mount Carmel Health</b>			
ACCOUNT NO. <b>Mount Carmel Health PO Box 89458 Cleveland, OH 44101</b>		<b>Assignee or other notification for: Mount Carmel Health</b>			
ACCOUNT NO. <b>JP Recovery Services, Inc. Rep For Mount Carmel Health PO Box 16749 Rocky River, OH 44116</b>		<b>Assignee or other notification for: Mount Carmel Health</b>			
ACCOUNT NO. <b>Mount Carmel East Hospital 417 Bridge Street Danville, VA 24541-1403</b>		<b>Assignee or other notification for: Mount Carmel Health</b>			
ACCOUNT NO. <b>Rossman &amp; Co Rep For Mount Carmel Hospital 5500 New Albany Rd. New Albany, OH 43054</b>		<b>Assignee or other notification for: Mount Carmel Health</b>			
ACCOUNT NO. <b>Rossman &amp; Co Rep For Mount Carmel Health PO Box 2051 New Albany, OH 43054</b>		<b>Assignee or other notification for: Mount Carmel Health</b>			
ACCOUNT NO. <b>Mount Carmel Lab Services Lockbox 932765 Cleveland, OH 44193</b>	J	<b>medical bill</b>			<b>85.00</b>
Sheet no. <u>6</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>85.00</b>
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>PCB</b> <b>Rep For Mount Carmel Lab Op</b> <b>PO Box 2051</b> <b>New Albany, OH 43054</b>		<b>Assignee or other notification for: Mount Carmel Lab Services</b>			
ACCOUNT NO.					
<b>Physicians Credit Bureau</b> <b>Rep For Mount Carmel Lab Op</b> <b>3592 Corporate Drive - Suite 105</b> <b>Columbus, OH 43231</b>		<b>Assignee or other notification for: Mount Carmel Lab Services</b>			
ACCOUNT NO.					
<b>Mount Carmel Medical Group</b> <b>PO Box 951464</b> <b>Cleveland, OH 44193</b>	J	<b>medical bill</b>			92.00
ACCOUNT NO.					
<b>Mount Carmel Medical Group</b> <b>PO Box 69</b> <b>Nashport, OH 43830-0069</b>		<b>Assignee or other notification for: Mount Carmel Medical Group</b>			
ACCOUNT NO.					
<b>Medicredit</b> <b>Rep. For Mount Carmel Medical Group</b> <b>PO Box 1629</b> <b>Maryland Heights, MO 63043</b>		<b>Assignee or other notification for: Mount Carmel Medical Group</b>			
ACCOUNT NO.					
<b>Mount Carmel Physicians</b> <b>PO Box 634323</b> <b>Cincinnati, OH 45263</b>	J	<b>medical bill</b>			14.00
ACCOUNT NO.					
<b>Mount Carmel Physicians</b> <b>PO Box 69</b> <b>Nashport, OH 43830-0069</b>		<b>Assignee or other notification for: Mount Carmel Physicians</b>			
Sheet no. <u>7</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>106.00</b>
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)				\$	

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>Physicians Credit Bureau</b> <b>Rep For Mount Carmel Hospital</b> <b>3592 Corporate Drive - Suite 105</b> <b>Columbus, OH 43231</b>		<b>Assignee or other notification for:</b> <b>Mount Carmel Physicians</b>			
ACCOUNT NO.					
<b>PCB</b> <b>Rep For Mount Carmel East Hospital</b> <b>PO Box 2051</b> <b>New Albany, OH 43054</b>		<b>Assignee or other notification for:</b> <b>Mount Carmel Physicians</b>			
ACCOUNT NO.					
<b>Orthopedic One</b> <b>170 Taylor Station Road</b> <b>Columbus, OH 43213-4441</b>	J	<b>medical bill</b>			41.00
ACCOUNT NO.					
<b>Orthopedic ONE</b> <b>4605 Sawmill Road</b> <b>Upper Arlington, OH 43220-2246</b>		<b>Assignee or other notification for:</b> <b>Orthopedic One</b>			
ACCOUNT NO.					
<b>Payday One</b> <b>PO Box 101808</b> <b>Fort Worth, TX 76185</b>	J	<b>misc. debt</b>			391.00
ACCOUNT NO.					
<b>Lighthouse Recovery Associates LLC</b> <b>Rep For Payday One</b> <b>11551 E Apapahoe Rd</b> <b>Centennial, CO 80112</b>		<b>Assignee or other notification for:</b> <b>Payday One</b>			
ACCOUNT NO.					
<b>Progressive Casualty Insurance Company</b> <b>P.O. Box 89480</b> <b>Cleveland, OH 44101</b>	J	<b>misc. debt</b>			140.00
Sheet no. <u>8</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<u>572.00</u>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED	
ACCOUNT NO.					
<b>Progressive Direct Insurance Company</b> P.O. Box 31260 Tampa, FL 33631		<b>Assignee or other notification for: Progressive Casualty Insurance Company</b>			
ACCOUNT NO.					
<b>Progressive</b> PO Box 182009 Columbus, OH 43218-2009		<b>Assignee or other notification for: Progressive Casualty Insurance Company</b>			
ACCOUNT NO.					
<b>Credit Collection Services</b> Rep For Progressive PO Box 55126 Boston, MA 02205		<b>Assignee or other notification for: Progressive Casualty Insurance Company</b>			
ACCOUNT NO.					
<b>Credit Collection Services</b> Rep For Progressive Insurance PO Box 9134 Needham, MA 02494-9134		<b>Assignee or other notification for: Progressive Casualty Insurance Company</b>			
ACCOUNT NO.					
<b>NCO Financial</b> Rep For Progressive Insurance PO Box 15636 Wilmington, DE 19850		<b>Assignee or other notification for: Progressive Casualty Insurance Company</b>			
ACCOUNT NO.	J	<b>Medical bill</b>			
<b>Radiology Inc.</b> Department L-647 Columbus, OH 43260					<b>1,140.00</b>
ACCOUNT NO.					
<b>Radiology Incorporated</b> PO Box 182504 Columbus, OH 43218		<b>Assignee or other notification for: Radiology Inc.</b>			
Sheet no. <u>9</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,140.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED	
ACCOUNT NO.					
<b>Radiology Incorporated 10567 Sawmill Parkway, Suite 100 Powell, OH 43065-6671</b>		<b>Assignee or other notification for: Radiology Inc.</b>			
ACCOUNT NO.	J	<b>student loan obligation</b>			<b>50,000.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Sallie Mae</b>			
<b>US Department Of Education 401 S State St Rm 700F Chicago, IL 60605</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Sallie Mae</b>			
<b>Sallie Mae 11100 USA Parkway Fishers, IN 46037</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Sallie Mae</b>			
<b>Chase Manhattan Bank PO Box 52176 Phoenix, AZ 85072-2176</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Sallie Mae</b>			
<b>American Student Assistant Rep For Chase Manhattan Bank 100 Cambridge Street STE 1600 Boston, MA 02114-2518</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Sallie Mae</b>			
<b>ECMC 1 Imation PI Oakdale, MN 55128</b>					
Sheet no. <u>10</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>50,000.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.		J misc. debt			
Sprint PO Box 88026 Chicago, IL 60680-1206					250.00
ACCOUNT NO.		Assignee or other notification for: Sprint			
Sprint PO Box 4191 Carol Stream, IL 60197-4191					
ACCOUNT NO.		Assignee or other notification for: Sprint			
Sprint PO Box 57547 Jacksonville, FL 32241					
ACCOUNT NO.		J misc. debt			
SST/CAFU 4315 Pickett Rd. St. Joseph, MO 64503					4,486.00
ACCOUNT NO.		J notice of bk filing			
Sutton Square Partners LLC 1789 Elaine Rd Columbus, OH 43227					unknown
ACCOUNT NO.		Assignee or other notification for: Sutton Square Partners LLC			
Dana & Pariser CO LPA Rep For Sutton Square Partners LLC 150 E. Mound St, Ste 308 Columbus, OH 43215					
ACCOUNT NO.		J medical bill			
The Cardinal Orthopedic Institute 170 Taylor Station Road Columbus, OH 43213					41.03
Sheet no. <u>11</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <u>4,777.03</u>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.  <b>Time Warner Cable PO Box 0901 Carol Stream, IL 60132-0901</b>	J	<b>misc. debt</b>			<b>265.00</b>
ACCOUNT NO.  <b>Time Warner Cable 1015 Olentangy River Road Columbus, OH 43212-3148</b>		<b>Assignee or other notification for: Time Warner Cable</b>			
ACCOUNT NO.  <b>Time Warner Communications PO Box 2553 Columbus, OH 43215</b>		<b>Assignee or other notification for: Time Warner Cable</b>			
ACCOUNT NO.  <b>Credit Protection Association Rep For Time Warner Cable 13355 Noel Rd, Ste 2100 Dallas, TX 75240</b>		<b>Assignee or other notification for: Time Warner Cable</b>			
ACCOUNT NO.  <b>Unique National Collection 119 E Maple St Jeffersonville, IN 47130</b>	J	<b>misc. debt</b>			<b>168.00</b>
ACCOUNT NO.  <b>Weltman Weinberg &amp; Reis Rep For Capital One Esrvices Inc 3705 Marlane Drive Grove City, OH 43123</b>	J				<b>0.00</b>
ACCOUNT NO.					
Sheet no. <u>12</u> of <u>12</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>433.00</b>
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	<b>82,808.03</b>

Fill in this information to identify your case:

Debtor 1 **James Earl Jessie** First Name Middle Name Last Name

Debtor 2 **Roberta Jewell Jessie** First Name Middle Name Last Name  
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Ohio

Case number **12-56176** (If known)

Check if this is:

An amended filing

A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form 6I**

**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed
Occupation	_____	_____
Employer's name	<u>Unemployed Seeking Employment</u>	<u>Unemployed Seeking Employment</u>
Employer's address	Number Street _____	Number Street _____
	City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____

How long employed there? \_\_\_\_\_

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>0.00</u>

Debtor 1 **James Earl Jessie**  
First Name Middle Name Last NameCase number (if known) **12-56176**

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here .....</b>	→ 4. \$ <u>0.00</u>	\$ <u>0.00</u>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <u>0.00</u>	\$ <u>0.00</u>
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <u>0.00</u>	\$ <u>0.00</u>
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <u>0.00</u>	\$ <u>0.00</u>
5e. <b>Insurance</b>	5e. \$ <u>0.00</u>	\$ <u>0.00</u>
5f. <b>Domestic support obligations</b>	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. <b>Union dues</b>	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. <b>Other deductions.</b> Specify: _____	5h. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>0.00</u>	\$ <u>0.00</u>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <u>0.00</u>	\$ <u>0.00</u>
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
8b. <b>Interest and dividends</b>	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>0.00</u>
8d. <b>Unemployment compensation</b>	8d. \$ <u>0.00</u>	\$ <u>1,213.33</u>
8e. <b>Social Security</b>	8e. \$ <u>0.00</u>	\$ <u>0.00</u>
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>0.00</u>
8g. <b>Pension or retirement income</b>	8g. \$ <u>0.00</u>	\$ <u>0.00</u>
8h. <b>Other monthly income.</b> Specify: _____	8h. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>0.00</u>	\$ <u>1,213.33</u>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>0.00</u> + \$ <u>1,213.33</u>	= \$ <u>1,213.33</u>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
11. + \$ <u>0.00</u>		
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies 12.		
\$ <u>1,213.33</u>		
<b>Combined monthly income</b>		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>none</u>		

Fill in this information to identify your case:

Debtor 1	First Name <b>James Earl Jessie</b>	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name <b>Roberta Jewell Jessie</b>	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Ohio			
Case number (If known)	<b>12-56176</b>		

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:  
 MM / DD / YYYY  
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents' names.

**Daughter**

**14**

No

Yes

**Son**

**12**

No

Yes

**Daughter**

**14**

No

**Son**

**12**

No

**Daughter**

**14**

Debtor 1 **James Earl Jessie**  
First Name Middle Name Last NameCase number (if known) **12-56176**5. **Additional mortgage payments for your residence**, such as home equity loans5. \$ **0.00**6. **Utilities:**

6a. Electricity, heat, natural gas  
 6b. Water, sewer, garbage collection  
 6c. Telephone, cell phone, Internet, satellite, and cable services  
 6d. Other. Specify: **Natural Gas**

 6a. \$ **95.00**  
 6b. \$ **50.00**  
 6c. \$ **95.00**  
 6d. \$ **150.00**
7. **Food and housekeeping supplies**7. \$ **500.00**8. **Childcare and children's education costs**8. \$ **0.00**9. **Clothing, laundry, and dry cleaning**9. \$ **50.00**10. **Personal care products and services**10. \$ **40.00**11. **Medical and dental expenses**11. \$ **50.00**12. **Transportation**. Include gas, maintenance, bus or train fare.12. \$ **100.00**

Do not include car payments.

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**13. \$ **0.00**14. **Charitable contributions and religious donations**14. \$ **0.00**15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance  
 15b. Health insurance  
 15c. Vehicle insurance  
 15d. Other insurance. Specify: \_\_\_\_\_

 15a. \$ **0.00**  
 15b. \$ **0.00**  
 15c. \$ **120.00**  
 15d. \$ **0.00**
16. **Taxes**. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ **0.00**17. **Installment or lease payments:**

17a. Car payments for Vehicle 1  
 17b. Car payments for Vehicle 2  
 17c. Other. Specify: \_\_\_\_\_  
 17d. Other. Specify: \_\_\_\_\_

 17a. \$ **280.00**  
 17b. \$ **0.00**  
 17c. \$ **0.00**  
 17d. \$ **0.00**
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).**18. \$ **0.00**19. **Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. \$ **0.00**20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property  
 20b. Real estate taxes  
 20c. Property, homeowner's, or renter's insurance  
 20d. Maintenance, repair, and upkeep expenses  
 20e. Homeowner's association or condominium dues

 20a. \$ **0.00**  
 20b. \$ **0.00**  
 20c. \$ **0.00**  
 20d. \$ **0.00**  
 20e. \$ **0.00**

Debtor 1 **James Earl Jessie**  
First Name Middle Name Last Name

Case number (if known) **12-56176**

21. Other. Specify: **0**

21. +\$ **0.00**

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ **2,189.00**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ **1,213.33**

23b. Copy your monthly expenses from line 22 above.

23b. - \$ **2,189.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ **-975.67**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

**None**

## AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: July 17, 2015

Signature: /s/ James Earl Jessie

James Earl Jessie

Debtor

Date: July 17, 2015

Signature: /s/ Roberta Jewell Jessie

Roberta Jewell Jessie

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*